PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/723,457 FEE TRANSMITTAL Filing Date 11/25/2003 For FY 2005 First Named Inventor Peter V. Czipott **Examiner Name** Bot LeDynh Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2862 TOTAL AMOUNT OF PAYMENT 130 Attorney Docket No. MED/US-53 METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 ⁴50 130 65 200 100 300 160 Plant 150 80 600 Reissue 300 150 500 250 300 200 Provisional 100 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims **Multiple Dependent Claims** Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets _ /50 = (round up to a whole number) x -100 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Terminal Disclaimer \$130

Signature Registration No. 32,843 Telephone (360)692-4506

Name (Print/Type) Gerald W. Spinks Date March 8, 2005

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Docket Number (Optional) MED/US-53

n re Application of: Peter V. Czipott, et al.	
Application No.: 10/723,457	
Filed: 11/25/2003	
or: Screening Method and Apparatus	
The owner*, MedNovus, Inc. & Quantum Magnetics, Inc, of	nd ed ee er nt
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The undersigned is an attorney or agent of record. Reg. No. 32,843	
March 8, 2005	
Signature Date	-
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Typed or printed name	-
(360)692-4506	_
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